



# Hairpiece Application

Completed applications are reviewed within a few weeks.  
Until all required documents are submitted, we cannot process the application.

Date: \_\_\_\_\_

## Child's Information:

Child's Name: \_\_\_\_\_  
First Last M.I.

Address: \_\_\_\_\_  
Street Address Apt #

\_\_\_\_\_ City State Zip

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_ Ethnicity \_\_\_\_\_

## Parent/Guardian's Information:

Parent/Guardian Name: \_\_\_\_\_  
First Last Relationship to child

Address: \_\_\_\_\_  
Street Address Apt #

\_\_\_\_\_ City State Zip

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

How did you find out about us? \_\_\_\_\_ Referred By \_\_\_\_\_

## Required Documents to include:

### Medical

- Doctor's Diagnosis, can be faxed by doctor's office to us.
- Photo of child without hairpiece or hat to help us with the custom fit. Please do not fax photographs.

### Financial

- Parent/Guardian's most recent tax returns
- or**
- Other Proof of Income: Social Security, Welfare, Disability income
- Other documents that verify extenuating financial circumstances

### Personal

- Two letters of recommendation from a parent, teacher, friend, coach, etc. explaining why the child would benefit from a hairpiece.

## Mail your application:

All applications should be sent **Certified Mail** or **Federal Express** to: **Case Manager**